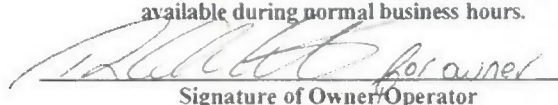
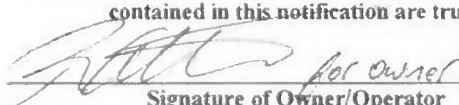


Page 1 of 2

Operator Project # CEG888200		Postmark		Date Received		Notification #	
I. Type of Notification (check one):		<input type="checkbox"/> Original		<input type="checkbox"/> Revised		<input type="checkbox"/> Canceled	
II. Facility Description							
Building Name: <u>Historic Center Building</u>							
Address: <u>103 South Main Street</u>							
City: <u>Waterbury</u>		State: <u>VT</u>		Zip Code: <u>05671</u>		County: <u>Washington</u>	
Site Location: <u>Waterbury State Office Complex 103 South Main Street - Waterbury, Vermont</u>							
Building Size (square feet): <u>3600 sq.ft. per floor</u>		# of Floors: <u>4 plus basement</u>		Age in Years: <u>119</u>			
Present Use: _____		Prior Use: _____					
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: <u>State of Vermont, Department of Buildings & General Services</u>							
Address: <u>2 Governor Alken Avenue, Drawer 33</u>							
City: <u>Montpelier</u>		State: <u>VT</u>		Zip Code: <u>05633</u>			
Contact: <u>Mike Stevens</u>		Telephone: <u>(802) 828-5377</u>		Fax: <u>(802) 828-3533</u>			
Removal Contractor Name: <u>TBD</u>							
Address: _____							
City: _____		State: _____		Zip Code: _____			
Contact: _____		Telephone: (____) _____		Fax: _____			
Other Operator (demolition/general): <u>PC Construction Company</u>							
Address: <u>193 Tilley Drive</u>							
City: <u>South Burlington</u>		State: <u>VT</u>		Zip Code: <u>05403</u>			
Contact: <u>John Fox</u>		Telephone: <u>(802) 658-4100</u>		Fax: <u>(802) 658-4100</u>			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
<u>Bulk samples collected by accredited inspectors. Analyzed by NVLAP accredited laboratory</u>							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)		50					
Surface Area (square feet)		30,600	3500				
Facility Components (cubic feet)	Vermiculite	8					
VIII. Scheduled Dates Demolition or Renovation: Start: <u>01/16/14</u> Complete: <u>06/30/15</u>							
IX. Dates for Asbestos Removal (MM/DD/YY) Start: <u>11/07/13</u> Complete: <u>01/15/14</u>							
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6	7-6

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

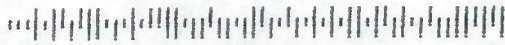
Page 2 of 2

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:	Post tropical storm Irene renovations. Complete renovation and restoration of interior and exterior surfaces, including partial asbestos removal.		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:	Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. Includes wet removal, containment barriers, negative pressure, proper waste transport and disposal.		
XII.	Waste Transporter #1	Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
	Waste Transporter #2	Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII.	Waste Disposal	Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)	1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____		
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)	1. Date and Hour of the Emergency; 2. Description of the Sudden, Unexpected Event; 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.	Same procedures as Section X above		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Signature of Owner/Operator </div> <div style="text-align: center;"> <u>10/23/13</u> Date </div> <div style="text-align: center;"> <u>Chris Crothers, Owner's Consultant</u> Type or Print Name and Title </div> </div>		
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Signature of Owner/Operator </div> <div style="text-align: center;"> <u>10/23/13</u> Date </div> <div style="text-align: center;"> <u>Chris Crothers - Owner's Consultant</u> Type or Print Name and Title </div> </div>		



CROTHERS

Environment
29 Duncan Rd
Morrisville, V



U.S EPA- Region 1
Asbestos NESHAP Division
Attn: Demo/RenoNotifications
Boston, MA 02109-3912

5-21

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U.S. EPA-Region 1
Asbestos NESHAP Division
Attn: Demo/RenoNotifications
Boston, MA 02109-3912

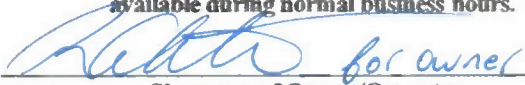



Page 1 of 2

Operator Project # CEG888200		Postmark		Date Received		Notification #	
I. Type of Notification (check one):		<input type="checkbox"/> Original		<input checked="" type="checkbox"/> Revised		<input type="checkbox"/> Canceled	
II. Facility Description							
Building Name: <u>Historic Center Building</u>							
Address: <u>103 South Main Street</u>							
City: <u>Waterbury</u>		State: <u>VT</u>		Zip Code: <u>05671</u>		County: <u>Washington</u>	
Site Location: <u>Waterbury State Office Complex 103 South Main Street - Waterbury, Vermont</u>							
Building Size (square feet): <u>3600 sq.ft. per floor</u>		# of Floors: <u>4 plus basement</u>		Age in Years: <u>119</u>			
Present Use: _____				Prior Use: _____			
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: <u>State of Vermont, Department of Buildings & General Services</u>							
Address: <u>2 Governor Aiken Avenue, Drawer 33</u>							
City: <u>Montpelier</u>		State: <u>VT</u>		Zip Code: <u>05633</u>			
Contact: <u>Mike Stevens</u>		Telephone: <u>(802) 828-5377</u>		Fax: <u>(802) 828-3533</u>			
Removal Contractor Name: <u>TBD</u>							
Address: _____							
City: _____		State: _____		Zip Code: _____			
Contact: _____		Telephone: (____) _____		Fax: _____			
Other Operator (demolition/general): <u>PC Construction Company</u>							
Address: <u>193 Tilley Drive</u>							
City: <u>South Burlington</u>		State: <u>VT</u>		Zip Code: <u>05403</u>			
Contact: <u>John Fox</u>		Telephone: <u>(802) 658-4100</u>		Fax: <u>(802) 658-4100</u>			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
Bulk samples collected by accredited inspectors. Analyzed by NVLAP accredited laboratory							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)		50					
Surface Area (square feet)		30,600	3500				
Facility Components (cubic feet)	Vermiculite	8					
VIII. Scheduled Dates Demolition or Renovation:		Start: <u>01/16/14</u>		Complete: <u>06/30/15</u>			
IX. Dates for Asbestos Removal (MM/DD/YY)		Start: <u>11/26/13</u>		Complete: <u>01/15/14</u>			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6	7-6

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 1

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s: Post tropical storm Irene renovations. Complete renovation and restoration of interior and exterior surfaces, including partial asbestos removal.		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. Includes wet removal, containment barriers, negative pressure, proper waste transport and disposal.		
XII.	Waste Transporter #1 Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____ Waste Transporter #2 Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII.	Waste Disposal Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____		
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. Same procedures as Section X above		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%; text-align: center;"> 11/07/13 _____ Date </div> <div style="width: 40%;"> Chris Crothers, Owner's Consultant _____ Type or Print Name and Title </div> </div>		
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%; text-align: center;"> 11/07/13 _____ Date </div> <div style="width: 40%;"> Chris Crothers - Owner's Consultant _____ Type or Print Name and Title </div> </div>		



CROTHERS

Environmental Group, LLC

29 Duncan Road

Morrisville, VT 05661

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7012 3460 0002 1037 6059

U.S. EPA – Region 1

Asbestos NESHAP Division

Attn: Demo/Reno Notifications

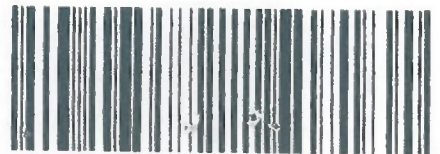
5 Post Office Square –Suite 100

Boston, MA 02109-3912



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

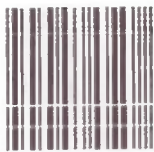


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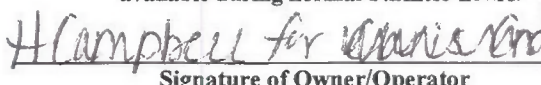
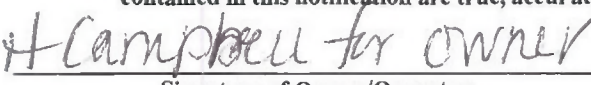
U.S. EPA - Region 1
Asbestos NESHAP Division
Attn: Demo/Reno Notifications
5 Post Office Square - Suite 100
Boston, MA 02109-3912

Page 1 of 2

Operator Project # CEG888200		Postmark		Date Received		Notification #	
I. Type of Notification (check one): <input type="checkbox"/> Original <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description							
Building Name: <u>Historic Center Building</u>							
Address: <u>103 South Main Street</u>							
City: <u>Waterbury</u>		State: <u>VT</u>		Zip Code: <u>05671</u>		County: <u>Washington</u>	
Site Location : <u>Waterbury State Office Complex 103 South Main Street - Waterbury, Vermont</u>							
Building Size (square feet): <u>3600 sq.ft. per floor</u>		# of Floors: <u>4 plus basement</u>		Age in Years: <u>119</u>			
Present Use: _____				Prior Use: _____			
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: <u>State of Vermont, Department of Buildings & General Services</u>							
Address: <u>2 Governor Aiken Avenue, Drawer 33</u>							
City: <u>Montpelier</u>		State: <u>VT</u>		Zip Code: <u>05633</u>			
Contact: <u>Mike Stevens</u>		Telephone: <u>(802) 828-5377</u>		Fax: <u>(802) 828-3533</u>			
Removal Contractor Name: <u>TBD</u>							
Address: _____							
City: _____		State: _____		Zip Code: _____			
Contact: _____		Telephone: () _____		Fax: _____			
Other Operator (demolition/general): <u>PC Construction Company</u>							
Address: <u>193 Tilley Drive</u>							
City: <u>South Burlington</u>		State: <u>VT</u>		Zip Code: <u>05403</u>			
Contact: <u>John Fox</u>		Telephone: <u>(802) 658-4100</u>		Fax: <u>(802) 658-4100</u>			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
Bulk samples collected by accredited inspectors. Analyzed by NVLAP accredited laboratory							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)		50					
Surface Area (square feet)		30,600	3500				
Facility Components (cubic feet)	Vermiculite	8					
VIII. Scheduled Dates Demolition or Renovation: Start: <u>01/16/14</u> Complete: <u>06/30/15</u>							
IX. Dates for Asbestos Removal (MM/DD/YY) Start: <u>12/06/13</u> Complete: <u>01/15/14</u>							
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6	7-6

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s: Post tropical storm Irene renovations. Complete renovation and restoration of interior and exterior surfaces, including partial asbestos removal.		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. Includes wet removal, containment barriers, negative pressure, proper waste transport and disposal.		
XII.	Waste Transporter #1 Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____ Waste Transporter #2 Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII.	Waste Disposal Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____		
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. Same procedures as Section X above		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <i>owner</i> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%; text-align: center;"> 11/07/13 _____ Date </div> <div style="width: 40%;"> Chris Crothers, Owner's Consultant _____ Type or Print Name and Title </div> </div>		
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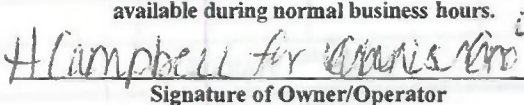
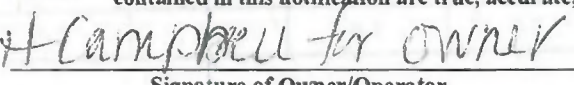
Emel, I 11125

Page 1 of 2

Operator Project # CEG888200		Postmark		Date Received		Notification #	
I. Type of Notification (check one):		<input type="checkbox"/> Original		<input checked="" type="checkbox"/> Revised		<input type="checkbox"/> Canceled	
II. Facility Description							
Building Name: <u>Historic Center Building</u>							
Address: <u>103 South Main Street</u>							
City: <u>Waterbury</u>		State: <u>VT</u>		Zip Code: <u>05671</u>		County: <u>Washington</u>	
Site Location: <u>Waterbury State Office Complex 103 South Main Street - Waterbury, Vermont</u>							
Building Size (square feet): <u>3600 sq.ft. per floor</u>		# of Floors: <u>4 plus basement</u>		Age in Years: <u>119</u>			
Present Use: _____		Prior Use: _____					
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: <u>State of Vermont, Department of Buildings & General Services</u>							
Address: <u>2 Governor Aiken Avenue, Drawer 33</u>							
City: <u>Montpelier</u>		State: <u>VT</u>		Zip Code: <u>05633</u>			
Contact: <u>Mike Stevens</u>		Telephone: <u>(802) 828-5377</u>		Fax: <u>(802) 828-3533</u>			
Removal Contractor Name: <u>TBD</u>							
Address: _____							
City: _____		State: _____		Zip Code: _____			
Contact: _____		Telephone: (____) _____		Fax: _____			
Other Operator (demolition/general): <u>PC Construction Company</u>							
Address: <u>193 Tilley Drive</u>							
City: <u>South Burlington</u>		State: <u>VT</u>		Zip Code: <u>05403</u>			
Contact: <u>John Fox</u>		Telephone: <u>(802) 658-4100</u>		Fax: <u>(802) 658-4100</u>			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
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VII. Approximate Amount of Asbestos Materials:							
		RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		
			Category I	Category II	Category I	Category II	
Pipes (linear feet)			50				
Surface Area (square feet)			30,600	3500			
Facility Components (cubic feet)		Vermiculite	8				
VIII. Scheduled Dates Demolition or Renovation: Start: <u>01/16/14</u> Complete: <u>06/30/15</u>							
IX. Dates for Asbestos Removal (MM/DD/YY) Start: <u>12/06/13</u> Complete: <u>01/15/14</u>							
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6	7-6

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:	Post tropical storm Irene renovations. Complete renovation and restoration of interior and exterior surfaces, including partial asbestos removal.		
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XII.	Waste Transporter #1	Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
	Waste Transporter #2	Name: <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
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XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)	1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.	Same procedures as Section X above		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  Signature of Owner/Operator </div> <div style="text-align: center;"> <u>11/07/13</u> Date </div> <div style="text-align: center;"> <u>Chris Crothers, Owner's Consultant</u> Type or Print Name and Title </div> </div>		
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  Signature of Owner/Operator </div> <div style="text-align: center;"> <u>11/07/13</u> Date </div> <div style="text-align: center;"> <u>Chris Crothers - Owner's Consultant</u> Type or Print Name and Title </div> </div>		

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project # CEG888200		Postmark		Date Received		Notification #	
I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description Building Name: <u>Sewing Building</u> Address: <u>103 South Main Street</u> City: <u>Waterbury</u> State: <u>VT</u> Zip Code: <u>05671</u> County: <u>Washington</u> Site Location: <u>Waterbury State Office Complex 103 South Main Street - Waterbury, Vermont</u> Building Size (square feet): <u>2000 sq.ft. per floor</u> # of Floors: <u>2 plus basement</u> Age in Years: <u>100 +/-</u> Present Use: <u>Vacant</u> Prior Use: <u>State Offices</u>							
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
V. Facility Information Owner Name: <u>State of Vermont, Department of Buildings & General Services</u> Address: <u>2 Governor Aiken Avenue, Drawer 33</u> City: <u>Montpelier</u> State: <u>VT</u> Zip Code: <u>05633</u> Contact: <u>Mike Stevens</u> Telephone: <u>(802) 828-3314</u> Fax: _____ Removal Contractor Name: <u>Not applicable</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____ Other Operator (demolition/general): <u>PC Construction Company</u> Address: <u>193 Tilley Drive</u> City: <u>South Burlington</u> State: <u>VT</u> Zip Code: <u>05403</u> Contact: <u>John Fox</u> Telephone: <u>(802) 658-4100</u> Fax: <u>(802) 658-4100</u>							
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: <u>Bulk samples collected by accredited inspectors. Analyzed by NVLAP accredited laboratory</u>							
VII. Approximate Amount of Asbestos Materials:							
		RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		
			Category I	Category II	Category I	Category II	
Pipes (linear feet)							
Surface Area (square feet)							
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:			Start: <u>12/11/13</u>		Complete: <u>02/28/14</u>		
IX. Dates for Asbestos Removal (MM/DD/YY)			Start:		Complete:		
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:

Personnel to salvage some materials first, then building will be demolished utilizing heavy equipment, such as an excavator.

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

Not applicable.

XII. Waste Transporter #1

Name: N/A

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

Waste Transporter #2

Name: N/A

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

XIII. Waste Disposal

Name: N/A

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order: _____

Title: _____

3. Authority of Order (Citation of Code): _____

4. Date of Order (MM/DD/YY): _____

Date Ordered to Begin _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency: _____

2. Description of the Sudden, Unexpected Event: _____

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden. _____

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal methods, decontamination structure, containment barriers, negative pressure enclosure, proper waste shipment & disposal, post abatement visual inspections and air monitoring where required.

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.

Chris Crothers for owner
Signature of Owner/Operator

11/25/13
Date

Chris Crothers, Owner's Consultant
Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.

Chris Crothers for owner
Signature of Owner/Operator

11/25/13
Date

Chris Crothers - Owner's Consultant
Type or Print Name and Title



TMC ENVIRONMENTAL

40 San Remo Drive • South Burlington, Vermont 05403



[Handwritten signature]



US EPA Region 1

5 Post office Square Suite 100

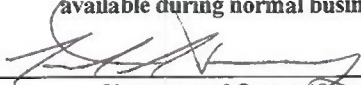
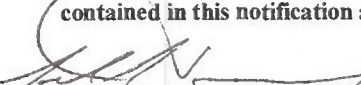
Boston MA 02109-3912

Page 1 of 2

Operator Project #		Postmark		Date Received		Notification #	
I. Type of Notification (check one):		<input type="checkbox"/> Original		<input checked="" type="checkbox"/> Revised		<input type="checkbox"/> Canceled	
II. Facility Description							
Building Name: South Historic Core - Building 1/2/3							
Address: 103 South Main Street							
City: Waterbury		State: VT		Zip Code: 05671		County: Washington	
Site Location: Waterbury State Complex - 103 south Main Street, Waterbury Vermont							
Building Size (square feet): 6400 sq.ft. per floor		# of Floors: 4		Age in Years: 123+/-			
Present Use: Vacant		Prior Use: State Offices					
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: State of Vermont, Department of Buildings & Gneral Services							
Address: 2 Governor Aiken Avenue, Drawer 33							
City: Montpelier		State: VT		Zip Code: 05633			
Contact: Mike Stevens		Telephone: (802) 828-5377		Fax: (802) 828-3533			
Removal Contractor Name: TMC Services, Inc. dba TMC Environemntal							
Address: 40 San Remo Drive							
City: South Burlington		State: VT		Zip Code: 05403			
Contact: Joe Downey		Telephone: (802) 863-5300		Fax: (802) 863-0005			
Other Operator (demolition/general): TBD							
Address:							
City:		State:		Zip Code:			
Contact:		Telephone: ()		Fax:			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
Bulk samples collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory.							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)	150						
Surface Area (square feet)	6510	1200	153				
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:		Start: 12/16/13		Complete: 05/30/15			
IX. Dates for Asbestos Removal (MM/DD/YY)		Start: 10/29/13		Complete: 12/31/13			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7am-4pm	7am-4pm	7am-4pm	7am-4pm	7am-4pm	n/a	n/a

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s: Post Tropical Storm Irene renovations. Asbestos containing materials to be removed followed by complete interior renovations, including complete MEP upgrade and window replacement.		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont regulations for Asbestos Control. This includes wet removal methods, decontamination structures, containment barriers, negative pressure enclosures, proper waste shipment & disposal. post abatement visual inspections and air monitoring where required.		
XII.	Waste Transporter #1 Name: <u>Service Transport Group, Inc.</u> Address: <u>58 Pyles Lane</u> City: <u>New Castle</u> State: <u>DE</u> Zip Code: <u>19720</u> Contact: <u>Randy Bridges</u> Telephone: <u>(877) 999-9559</u> Waste Transporter #2 Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: ()		
XIII.	Waste Disposal Name: <u>Minerva Landfill</u> Address: <u>8955 Minerva Road</u> City: <u>Waynesburg</u> State: <u>Ohio</u> Zip Code: <u>44688</u> Contact: <u>Steve Chandler</u> Telephone: <u>(330) 866-3435</u>		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____		
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. Notification to Local, State and Federal Agencies. Removal and disposal per XI.		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%;"> <u>10/25/13</u> _____ Date </div> <div style="width: 40%;"> <u>Joe Downey, Project Manager</u> _____ Type or Print Name and Title </div> </div>		
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%;"> <u>10/25/13</u> _____ Date </div> <div style="width: 40%;"> <u>Joe Downey, Project Manager</u> _____ Type or Print Name and Title </div> </div>		



40 San Remo Drive • South Burlington, Vermont 05403

Alec S. O'Sullivan



U.S. EPA Region 1
5 Post Office Sq., Suite 100
Boston, MA 02109-3912

Abstract The purpose of this study was to determine the effect of a 12-week training program on the heart rate (HR) and blood pressure (BP) of sedentary, middle-aged men. The subjects were divided into two groups: a control group and an exercise group. The exercise group performed a 12-week training program consisting of aerobic and resistance exercises. The HR and BP were measured at baseline and at the end of the 12-week program. The results showed that the exercise group had a significant decrease in HR and BP compared to the control group. The HR decreased from 72.5 ± 5.5 bpm to 68.5 ± 5.5 bpm, and the BP decreased from 125/85 mmHg to 120/80 mmHg. The control group showed no significant changes in HR and BP. The findings suggest that a 12-week training program can effectively reduce HR and BP in sedentary, middle-aged men.

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 ၄။ ဖိတ်ခေါ်အမည်
 ၅။ အသက်
 ၆။ နေထိုင်နေရာ
 ၇။ အလုပ်အကိုင်
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BURLINGTON VT 054
25 OCT 2013 PM 11



Page 1 of 2

Operator Project #		Postmark		Date Received		Notification #	
I. Type of Notification (check one): <input type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description							
Building Name: Dale Building, Waterbury State Office Complex							
Address: 103 South Main Street							
City: Waterbury		State: VT		Zip Code: 05671		County: Washington	
Site Location: Waterbury State Office Complex, 103 South Main Street							
Building Size (square feet): 8200 sf per floor		# of Floors: 4		Age in Years: 100 +/-			
Present Use: Vacant		Prior Use: Office space/State Hospital					
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: State of Vermont, Building and General Services							
Address: 2 Governor Aiken Ave.							
City: Montpelier		State: VT		Zip Code: 05633-5801			
Contact: Mike Stevens		Telephone: (802) 828-5377		Fax:			
Removal Contractor Name: TMC Services, Inc. dba TMC Environmental							
Address: 40 San Remo Drive							
City: South Burlington		State: VT		Zip Code: 05403			
Contact: Joe Downey		Telephone: (802) 863-5300		Fax: 863-0005			
Other Operator (demolition/general): TBD							
Address:							
City:		State:		Zip Code:			
Contact:		Telephone: ()		Fax:			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
Comprehensive visual inspection and bulk sample analysis by PCM performed by a Vermont licensed inspector.							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)	800						
Surface Area (square feet)	342	30,096	8149				
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:		Start: 12/31/13		Complete:			
IX. Dates for Asbestos Removal (MM/DD/YY)		Start: 11/11/13		Complete: 12/31/13			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7am-4pm	7am-4pm	7am-4pm	7am-4pm	7am-4pm	n/a	n/a

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:

Asbestos abatement prior to renovation. Abatement to be performed per Vermont Regulations for Asbestos Control, work area isolation and wet removal methods.

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

Asbestos abatement will be in accordance with Vermont Regulations for Asbestos Control. Isolation of work areas, wet removal methods, and appropriate packaging and disposal.

XII. Waste Transporter #1

Name: Service Transport Group

Address: 58 Pyles Lane

City: New Castle

State: DE

Zip Code: 19720

Contact: Randy Bridges

Telephone: (877) 999-9559

Waste Transporter #2

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: () _____

XIII. Waste Disposal

Name: Minerva Landfill

Address: 8955 Minerva Road

City: Waynesburg

State: Ohio

Zip Code: 44688

Contact: Stave Chandler

Telephone: (330) 866-3435

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order: _____

Title: _____

3. Authority of Order (Citation of Code): _____

4. Date of Order (MM/DD/YY): _____

Date Ordered to Begin _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency: _____

2. Description of the Sudden, Unexpected Event: _____

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden. _____

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

Notification to Local, State and Federal Agencies. Removal and disposal per XI.

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.



Signature of Owner/Operator

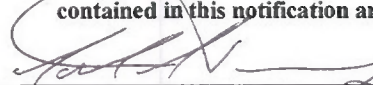
10/25/13

Date

Joe Downey, PM

Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.



Signature of Owner/Operator

10/25/13

Date

Joe Downey, PM

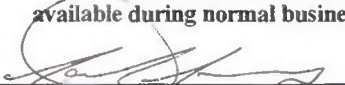
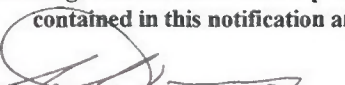
Type or Print Name and Title

Page 1 of 2

Operator Project #		Postmark		Date Received		Notification #	
I. Type of Notification (check one): <input type="checkbox"/> Original <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description Building Name: <u>South Historic Core - Building 6/7 South</u> Address: <u>103 South Main Street</u> City: <u>Waterbury</u> State: <u>VT</u> Zip Code: <u>05671</u> County: <u>Washington</u> Site Location : <u>Waterbury State Complex - 103 south Main Street, Waterbury Vermont</u> Building Size (square feet): <u>3700 sq.ft. per floor</u> # of Floors: <u>3</u> Age in Years: <u>123+/-</u> Present Use: <u>Vacant</u> Prior Use: <u>State Offices</u>							
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information Owner Name: <u>State of Vermont, Department of Buildings & Gneral Services</u> Address: <u>2 Governor Aiken Avenue, Drawer 33</u> City: <u>Montpelier</u> State: <u>VT</u> Zip Code: <u>05633</u> Contact: <u>Mike Stevens</u> Telephone: <u>(802) 828-5377</u> Fax: <u>(802) 828-3533</u> Removal Contractor Name: <u>TMC Services, Inc. dba TMC Environemntal</u> Address: <u>40 San Remo Drive</u> City: <u>South Burlington</u> State: <u>VT</u> Zip Code: <u>05403</u> Contact: <u>Joe Downey</u> Telephone: <u>(802) 863-5300</u> Fax: <u>(802) 863-0005</u> Other Operator (demolition/general): <u>TBD</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____							
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: Bulk samples collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory.							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)							
Surface Area (square feet)	4144	1800					
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation: Start: <u>12/16/13</u> Complete: <u>05/30/15</u>							
IX. Dates for Asbestos Removal (MM/DD/YY) Start: <u>10/29/13</u> Complete: <u>12/31/13</u>							
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7am-4pm	7am-4pm	7am-4pm	7am-4pm	7am-4pm	n/a	n/a


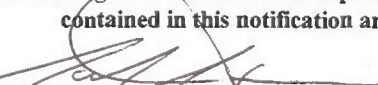
U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s: Post Tropical Storm Irene renovations. Asbestos containing materials to be removed followed by complete interior renovations, including complete MEP upgrade and window replacement.		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont regulations for Asbestos Control. This includes wet removal methods, decontamination structures, containment barriers, negative pressure enclosures, proper waste shipment & disposal. post abatement visual inspections and air monitoring where required.		
XII.	Waste Transporter #1 Name: <u>Service Transport Group, Inc.</u> Address: <u>58 Pyles Lane</u> City: <u>New Castle</u> State: <u>DE</u> Zip Code: <u>19720</u> Contact: <u>Randy Bridges</u> Telephone: <u>(877) 999-9559</u> Waste Transporter #2 Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII.	Waste Disposal Name: <u>Minerva Landfill</u> Address: <u>8955 Minerva Road</u> City: <u>Waynesburg</u> State: <u>Ohio</u> Zip Code: <u>44688</u> Contact: <u>Steve Chandler</u> Telephone: <u>(330) 866-3435</u>		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____		
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. Notification to Local, State and Federal Agencies. Removal and disposal per XI.		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%;"> <u>10/25/13</u> _____ Date </div> <div style="width: 40%;"> Joe Downey, Project Manager _____ Type or Print Name and Title </div> </div>		
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%;"> <u>10/25/13</u> _____ Date </div> <div style="width: 40%;"> Joe Downey, Project Manager _____ Type or Print Name and Title </div> </div>		

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components: Post Tropical Storm Irene renovations. Asbestos containing materials to be removed followed by complete interior renovations, including complete MEP upgrade and window replacement.		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont regulations for Asbestos Control. This includes wet removal methods, decontamination structures, containment barriers, negative pressure enclosures, proper waste shipment & disposal. post abatement visual inspections and air monitoring where required.		
XII.	Waste Transporter #1 Name: <u>Service Transport Group, Inc.</u> Address: <u>58 Pyles Lane</u> City: <u>New Castle</u> State: <u>DE</u> Zip Code: <u>19720</u> Contact: <u>Randy Bridges</u> Telephone: <u>(877) 999-9559</u> Waste Transporter #2 Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____		
XIII.	Waste Disposal Name: <u>Minerva Landfill</u> Address: <u>8955 Minerva Road</u> City: <u>Waynesburg</u> State: <u>Ohio</u> Zip Code: <u>44688</u> Contact: <u>Steve Chandler</u> Telephone: <u>(330) 866-3435</u>		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____		
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. Notification to Local, State and Federal Agencies. Removal and disposal per XI.		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;">  _____ Signature of Owner/Operator </div> <div style="width: 15%; text-align: center;"> <u>10/25/13</u> _____ Date </div> <div style="width: 40%; text-align: center;"> Joe Downey, Project Manager _____ Type or Print Name and Title </div> </div>		
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;">  _____ Signature of Owner/Operator </div> <div style="width: 15%; text-align: center;"> <u>10/25/13</u> _____ Date </div> <div style="width: 40%; text-align: center;"> Joe Downey, Project Manager _____ Type or Print Name and Title </div> </div>		

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Operator Project #		Postmark		Date Received		Notification #	
I. Type of Notification (check one): <input type="checkbox"/> Original <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description Building Name: South Historic Core - Building 4 South Address: 103 South Main Street City: Waterbury State: VT Zip Code: 05671 County: Washington Site Location : Waterbury State Complex - 103 south Main Street, Waterbury Vermont Building Size (square feet): 1800 sq.ft. per floor # of Floors: 3 Age in Years: 123+/- Present Use: Vacant Prior Use: State Offices							
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information Owner Name: State of Vermont, Department of Buildings & Gneral Services Address: 2 Governor Aiken Avenue, Drawer 33 City: Montpelier State: VT Zip Code: 05633 Contact: Mike Stevens Telephone: (802) 828-5377 Fax: (802) 828-3533 Removal Contractor Name: TMC Services, Inc. dba TMC Environemntal Address: 40 San Remo Drive City: South Burlington State: VT Zip Code: 05403 Contact: Joe Downey Telephone: (802) 863-5300 Fax: (802) 863-0005 Other Operator (demolition/general): TBD Address: City: State: Zip Code: Contact: Telephone: () Fax:							
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: Bulk samples collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory.							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)							
Surface Area (square feet)	144	230	21				
Facility Components (cubic feet)	.						
VIII. Scheduled Dates Demolition or Renovation: Start: 12/16/13 Complete: 05/30/15							
IX. Dates for Asbestos Removal (MM/DD/YY) Start: 10/29/13 Complete: 12/31/13							
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7am-4pm	7am-4pm	7am-4pm	7am-4pm	7am-4pm	n/a	n/a

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:

Post Tropical Storm Irene renovations. Asbestos containing materials to be removed followed by complete interior renovations, including complete MEP upgrade and window replacement.

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont regulations for Asbestos Control. This includes wet removal methods, decontamination structures, containment barriers, negative pressure enclosures, proper waste shipment & disposal. post abatement visual inspections and air monitoring where required.

XII. Waste Transporter #1

Name: Service Transport Group, Inc.
 Address: 58 Pyles Lane
 City: New Castle State: DE Zip Code: 19720
 Contact: Randy Bridges Telephone: (877) 999-9559

Waste Transporter #2

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact: _____ Telephone: () _____

XIII. Waste Disposal

Name: Minerva Landfill
 Address: 8955 Minerva Road
 City: Waynesburg State: Ohio Zip Code: 44688
 Contact: Steve Chandler Telephone: (330) 866-3435

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.
2. Name of Authority Issuing Order: _____ Title: _____
3. Authority of Order (Citation of Code): _____
4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency:
2. Description of the Sudden, Unexpected Event:
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

Notification to Local, State and Federal Agencies. Removal and disposal per XI.

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.

 Signature of Owner/Operator 10/25/13 Date Joe Downey, Project Manager Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.

 Signature of Owner/Operator 10/25/13 Date Joe Downey, Project Manager Type or Print Name and Title

Page 1 of 2

Operator Project #		Postmark		Date Received		Notification #	
I. Type of Notification (check one):		<input type="checkbox"/> Original		<input checked="" type="checkbox"/> Revised		<input type="checkbox"/> Canceled	
II. Facility Description							
Building Name: <u>South Historic Core - Building 5 South</u>							
Address: <u>103 South Main Street</u>							
City: <u>Waterbury</u>		State: <u>VT</u>		Zip Code: <u>05671</u>		County: <u>Washington</u>	
Site Location: <u>Waterbury State Complex - 103 south Main Street, Waterbury Vermont</u>							
Building Size (square feet): <u>1800 sq.ft. per floor</u>		# of Floors: <u>3</u>		Age in Years: <u>123+/-</u>			
Present Use: <u>Vacant</u>		Prior Use: <u>State Offices</u>					
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: <u>State of Vermont, Department of Buildings & Gneral Services</u>							
Address: <u>2 Governor Aiken Avenue, Drawer 33</u>							
City: <u>Montpelier</u>		State: <u>VT</u>		Zip Code: <u>05633</u>			
Contact: <u>Mike Stevens</u>		Telephone: <u>(802) 828-5377</u>		Fax: <u>(802) 828-3533</u>			
Removal Contractor Name: <u>TMC Services, Inc. dba TMC Environemntal</u>							
Address: <u>40 San Remo Drive</u>							
City: <u>South Burlington</u>		State: <u>VT</u>		Zip Code: <u>05403</u>			
Contact: <u>Joe Downey</u>		Telephone: <u>(802) 863-5300</u>		Fax: <u>(802) 863-0005</u>			
Other Operator (demolition/general): <u>TBD</u>							
Address: _____							
City: _____		State: _____		Zip Code: _____			
Contact: _____		Telephone: () _____		Fax: _____			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
Bulk samples collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory.							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)							
Surface Area (square feet)	4144	5830	21				
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:		Start: <u>12/16/13</u>		Complete: <u>05/30/15</u>			
IX. Dates for Asbestos Removal (MM/DD/YY)		Start: <u>10/29/13</u>		Complete: <u>12/31/13</u>			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7am-4pm	7am-4pm	7am-4pm	7am-4pm	7am-4pm	n/a	n/a

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Post Tropical Storm Irene renovations. Asbestos containing materials to be removed followed by complete interior renovations, including complete MEP upgrade and window replacement.

Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont regulations for Asbestos Control. This includes wet removal methods, decontamination structures, containment barriers, negative pressure enclosures, proper waste shipment & disposal. post abatement visual inspections and air monitoring where required.

Telephone: (877) 999-9559

Telephone: ()

Telephone: (330) 866-3435

Date Ordered to Begin

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

Notification to Local, State and Federal Agencies. Removal and disposal per XI.

Type or Print Name and Title

Type or Print Name and Title

Page 1 of 2

Operator Project #		Postmark		Date Received		Notification #	
I. Type of Notification (check one):		<input type="checkbox"/> Original		<input checked="" type="checkbox"/> Revised		<input type="checkbox"/> Canceled	
II. Facility Description							
Building Name: <u>South Historic Core - South Connector</u>							
Address: <u>103 South Main Street</u>							
City: <u>Waterbury</u>		State: <u>VT</u>		Zip Code: <u>05671</u>		County: <u>Washington</u>	
Site Location: <u>Waterbury State Complex - 103 south Main Street, Waterbury Vermont</u>							
Building Size (square feet): <u>3000 sq.ft. per floor</u>		# of Floors: <u>2</u>		Age in Years: <u>123+/-</u>			
Present Use: <u>Vacant</u>		Prior Use: <u>State Offices</u>					
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: <u>State of Vermont, Department of Buildings & Gneral Services</u>							
Address: <u>2 Governor Aiken Avenue, Drawer 33</u>							
City: <u>Montpelier</u>		State: <u>VT</u>		Zip Code: <u>05633</u>			
Contact: <u>Mike Stevens</u>		Telephone: <u>(802) 828-5377</u>		Fax: <u>(802) 828-3533</u>			
Removal Contractor Name: <u>TMC Services, Inc. dba TMC Environemntal</u>							
Address: <u>40 San Remo Drive</u>							
City: <u>South Burlington</u>		State: <u>VT</u>		Zip Code: <u>05403</u>			
Contact: <u>Joe Downey</u>		Telephone: <u>(802) 863-5300</u>		Fax: <u>(802) 863-0005</u>			
Other Operator (demolition/general): <u>TBD</u>							
Address: _____							
City: _____		State: _____		Zip Code: _____			
Contact: _____		Telephone: (____) _____		Fax: _____			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
Bulk samples collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory.							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)	20						
Surface Area (square feet)	72	4128	13				
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:		Start: <u>12/16/13</u>		Complete: <u>05/30/15</u>			
IX. Dates for Asbestos Removal (MM/DD/YY)		Start: <u>10/29/13</u>		Complete: <u>12/31/13</u>			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7am-4pm	7am-4pm	7am-4pm	7am-4pm	7am-4pm	n/a	n/a